

## Sewage Sludge Analysis Report

**1. Name & Physical Address of the Facility:** \_\_\_\_\_ **County:** \_\_\_\_\_

**2. Sampling Date:** \_\_\_\_\_ **3. Sewage Sludge Treatment:** ☐ PFRP ☐ PSRP ☐ N/A

### 4. Results of Analysis (Must Attach a Copy of Laboratory Report)

Constituents Analyzed		Sample Type			Detection Limit	*** Units
		Grab <div><input type="checkbox"/></div>	Composite			
			<div><input type="checkbox"/></div> 8-hr	<div><input type="checkbox"/></div> 24-hr		
pH						
Solids content						%
Total kjeldahl nitrogen	TKN					%
Ammonium nitrogen	NH <sub>4</sub>					%
Total phosphorus	TP					mg/kg
Total potassium	TK					mg/kg
Nitrate nitrogen	NO <sub>3</sub>					mg/kg
Total cadmium	Cd					mg/kg
Total copper	Cu					mg/kg
Total nickel	Ni					mg/kg
Total lead	Pb					mg/kg
Total zinc	Zn					mg/kg
Total mercury	Hg					mg/kg
*Total arsenic	As					mg/kg
*Total molybdenum	Mo					mg/kg
*Total selenium	Se					mg/kg
Polychlorinated Biphenyls	PCBs					mg/kg
**Calcium Carbonate Equivt.	CaCO <sub>3</sub>					%

\* Optional      \*\* Lime Amended Sewage Sludge      \*\*\* Please use exact units

**5. All constituents within allowable levels?** ☐ Yes ☐ No (If No, include a discussion or explanation)

**6. Sample Medium:** ☐ Liquid ☐ Cake  
☐ Dried ☐ Particulate ☐ Pellets  
☐ Other (Describe): \_\_\_\_\_

**7. Treatment Method:** ☐ Raw-Unstabilized  
☐ Aerobically Digested ☐ Anaerobically Digested  
☐ Lime Stabilized ☐ Composted ☐ Heat Dried  
☐ Other (Describe): \_\_\_\_\_

**Comments:** \_\_\_\_\_

<b>TESTING FREQUENCY</b>										
Utilization Category	A Includes Utilization Methods in Categories C and D	B Land Application and Distribution						C Disposal or Transportation		D Incineration
<b>Plant Capacity (MGD)</b>	<0.05	0.00-.999	1.0 - 4.99	5.0 - 9.99	10.0-49.9	50.0-99.9	≥ 100.0	0.05-4.99	≥ 5.0	
<b>All Parameters Except PCBs</b>	Once Every 3 Years	Once per Year	Every 6 Months	Once per Month	Every 2 Weeks	Once a Week	Daily	Once per Year	Every 6 Months	Once per Year
<b>PCBs</b>	Once Every 3 Years	Once per Year	Once per Year	Every 6 Months	Once per Month	Once per Month	Once per Month	Once per Year	Once per Year	Once per Year

  

<b>REPORTING SCHEDULE</b>			
<b>WWTP Design Flow:</b>	<b>Avg. Daily Flow:</b>	<b>Peak Flow:</b>	<b>mgd.</b>
<b>Sampling Frequency Required (Check a box)</b>		<b>Submittal Deadline</b>	
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Every 6 months <input type="checkbox"/> Once per year <input type="checkbox"/> Once per three years <input type="checkbox"/> Other sampling frequency approved by the Department		<input type="checkbox"/> At end of each month <input type="checkbox"/> March 1 and August 31 <input type="checkbox"/> June 1 of each year <input type="checkbox"/> June 1 of the sampling year <input type="checkbox"/> June 1 of the sampling year	
<b>Report Due Date:</b> <input type="checkbox"/> March 1 <input type="checkbox"/> August 31 <input type="checkbox"/> June 1 <b>Is Plant in Operation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Certification:</b> As an authorized representative of the named sewage sludge generator, I certify that the information provided in this report is correct and complete to the best of my knowledge.	
<b>Name:</b>	<b>Title:</b>
<b>Signature:</b> _____	<b>Phone:</b>
<b>Email:</b>	<b>Date:</b>